

ELECTORAL COMMISSION NOMINATION FORM

Name:

College:

School:

Course:

Year of Study:

Registration Number:

Student's Number:

Constituency:

Hall: Resident Attached (Tick where appropriate)

Telephone:

Email Address:

Contact person:

Contact person's Telephone Number:

By filling this form, you fully consent to be bound by the Rules and Regulations governing electoral processes at Makerere University.

Signature:

Date:

FOR OFFICIAL USE ONLY

Name: Signature:

Name: Signature:

**PLEASE ATTACH HERE A HIGH RESOLUTION COLOURED SOFT COPY OF
YOUR PHOTO.**

